Revised 06/05

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JOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

	For office use only
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUES	T OP CPANT
	I, OR GRANT.
Name of Department of Glenwood Resource Center	
Name of Department of 711 South Vine Street	
Mailing Address Glenwood, Iowa 51534	ip Code
Area Code & Telephon	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	FICE:
lame	
lailing Address (if different from above)	City, State, Zip (if different from above)
mail Address	Area Code & Telephone Number (if different from above)
NOR OF GIFT, BEQUEST, OR GRANT:	
TAMESTAL (DAMA)	`
JANSSEN (PAUL WETTESTAD - REP)
B DUGGAN DR (BLUFFS, IA 5/5 ailing Address City, State, Zip Code	03
City, State, Zip Code	06/09/08 140.41
ea Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*
ea code a respirote Number	"value is defined as "fair market value" of item as determined by
mail Address (optional)	receiving department or office. If no value mark "0.00".
nail Address (optional)	
rovide a description of the gift, bequest, or grant and purpose thereof:	
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UNCHEON-STAFF PRESENT	7110N
iteria to use this form:	
ceipt of any gift, bequest, or grant that is received by any department	of the state or received by the Governor on behalf of the state.
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affirm that the gift, bequest, or grant reporte and assessment of the fair market value (if applicable) is correct and t	d above is accurate. I further affirm that the information concerning the
and the application to contest and t	to and bost of my didwicege.
Vitt Marriagon)	1 12 10
wer onexwayer	<u>6-1.2-08</u>
Signature	Date

Revised 06/05

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Name of Department or Glenwood Resource Center 711 South Vine Street	
Mailing Address Glenwood, Iowa 51534	ip Code
Area Code & Telephon	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:
Name .	
Mailing Address (if different from above)	City, State, Zip (if different from above)
mail Address	Area Code & Telephone Number (if different from above)
NOR OF GIFT, BEQUEST, OR GRANT:	
SSK PHARM DO CALICE RITZBORF -A	(LEP)
29/8 S. 2/9 th ST. ELKHURN NE ailing Address City, State, Zip Code 680	22 Ob/10/08 \$ 90.96 Date of Gift, Bequest, or Grant Amount/Value*
ea Code & Telephone Number nail Address (optional)	*value is defined as "fair market value" of item as determined b
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UNCHEON - STAFF PRESENT	ATION
teria to use this form:	
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nent of Affirmation:	
affirm that the gift, bequest, or grant reported and assessment of the fair market value (if applicable) is correct and tr	above is accurate. I further affirm that the information concerning the ue to the best of my knowledge.
1 7	
with Karyana	6-12-08
Signature	Date